



ASSOCIATE MEMBERSHIP APPLICATION

Business Name: _____

Business Description: _____

Website: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

List Principals:

President: _____ Email: _____

Vice President: _____ Email: _____

Marketing Manager: _____ Email: _____

Key Contact Person: _____ Email: _____

ASSOCIATE MEMBERSHIP DUES: \$225.00

Dues are payable annually September 1st. Dues may be pro-rated. **Once membership is approved you will be invoiced.** Associate membership dues entitles your business to receive all educational, legislative & informational bulletins, as well as the annual magazine, the "Maine Viewpoint". All employees will be eligible for any of the member discounts given for education seminars/courses and conventions.

I, we, hereby apply for associate membership in the Maine Insurance Agents Association, and agree to abide by the Constitution and Bylaws of this Association.

Signed by President/Owner

Date

Return application to: MIAA, 17 Carriage Lane, Hallowell, ME 04347 | lynda@maineagents.net